

OCT 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32166

State File No.

BIRTH NO.		REG. DIST. NO. <u>383</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Highway 166 abt. 2 miles</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mineral Point</u>			
c. LENGTH OF STAY (In this place)				d. STREET ADDRESS (If rural, give location) <u>Route 1</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>east of Mt. vernon</u>							
3. NAME OF DECEASED (Type or Print) <u>James</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>10-4-52</u>		(Month)		(Day)		(Year)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Mar. 4, 1886</u>	
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>7</u>		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Washington County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jasper Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>Jane</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>application for San. admission</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>002X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>after death</u> , to <u>about 10:45a</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10-4-52</u> , 19 <u>52</u> , and that death occurred <u>on</u> <u>10-4-52</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. A. Brushier M.D.</u> (Degree or title)				23b. ADDRESS <u>Mt. Vernon, Mo.</u>		23c. DATE SIGNED <u>10-4-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-4-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Potosi Washington Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-8-52</u>		REGISTRAR'S SIGNATURE <u>Cecil De...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Sparks</u>		ADDRESS <u>Potosi Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____,
working under my personal supervision.

Student
Student Embalmer

Signed Murphy L. Spence

Licensed Embalmer No. 4236

P. O. Address Flat Room, m.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER**, in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.